

POSITION	ID NO	DATE
CLASSIFIER		10/19/96
EXAMINER	WMM	10/19/96
TYPIST	BB	10/19/96
VERIFIER	851	12-9
CORPS CORR.		
SPEC. HAND	412	12-3-96
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date											
	06	12	01	01	08	07	11	11	11	11	11	11
1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2												
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9												
10												
11												
12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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